



Clinical Congress News

The American College of Surgeons • 84th Clinical Congress • October 25-30, 1998 • Orlando

Simulators offer enhanced training for general surgeons

The ACS Regental Committee on Informatics sponsored a panel discussion yesterday morning that considered "Virtual Reality and Training General Surgeons."

The session was moderated by Richard M. Satava, MD, FACS, a member of the committee. Dr. Satava provided a short history of surgical simulation, which had its beginnings in 1990 with a tendon transplant simulator.

The first speaker was Scott Delp, PhD, with Northwestern University, Evanston, IL, and director of MusculoGraphics, Inc. Dr. Delp spoke on the state-of-the-art regarding the simulation of emergency medical procedures for trauma injuries. He described the use of "texture maps" to construct a model of the human leg that has been used to simulate emergency treatment of gunshot wounds. Dr. Delp noted that wider application of current simulation technology can be achieved

if: (1) a common platform can be developed for a variety of surgical procedures, (2) the cost of simulation technology can be made to be less than current methods of surgical education, and (3) simulation training can demonstrate validity and instructional effectiveness.

The second speaker was Marc Raibert, PhD, a principal with Boston Dynamics, Inc., Cambridge, MA. Dr. Raibert provided an engineering perspective regarding the development and construction of a surgical simulator for end-to-end anastomosis. He described the various technical elements needed to produce the sights, sounds, and tactile sensations in a virtual reality environment. He also discussed the evolution and use of the force-feedback haptic devices known as Exos, Sarcos, and Phantom.

Dr. Raibert said that advantages of surgical simulation include: reduced

risk to patients, control of training opportunities, measurement of performance, use of advanced training methods, and cost savings.

The third speaker was Lt. Col. Christoph R. Kaufmann, MC, USA, a surgeon with the Uniformed Services University of Health Sciences (USUHS), Oakton, VA. He described the development and technical components of the USUHS Surgical Simulator and Readiness Center, which breaks ground next month and is due to become operational next summer. The center will be a focal point of "telepresence surgery" in this country, and will permit surgeons to operate via remote technology with a "heightened sense" of actually being present. The center will feature an exam room with patient actors, a state-of-the-art computer laboratory, an operating room suite, and a telemedicine conference room.

Lt. Col. Kaufmann told the audience that the experiments with telepresence surgery will lead to applications with remote surgery (civilian and military), local minimally invasive surgery (microsurgery, laparoscopy), and, eventually, virtual training/certification.

The fourth speaker was Thomas M. Krummel, MD, FACS, chief of surgery, Hershey (PA) Medical Center. Dr. Krummel is a member of the ACS Committee on Emerging Surgical Technol-

ogy and Education. He spoke on the implementation of surgical simulation in resident training.

Dr. Krummel noted that there are three groups of "students" for which surgical simulation is applicable—undergraduates, residents and interns, and trained surgeons who are relearning new technological skills.

Dr. Krummel said that surgical medical education is undergoing the following changes: increasing constraints on time, diminishing patient population, increased learning opportunities by "random events," rapidly evolving technologies, and increased operating room costs. "It is a fact of life that residency training today will not last the career of the surgeon," Dr. Krummel said.

As for the future of medical education, Dr. Krummel stated that it is imperative to relocate early residency training experiences out of the hospital, to more effectively define curriculum and surgical performance, and to refine surgical skills in the operating room environment after simulated performances are adequately demonstrated.

Congress attendees may experience the latest in surgical simulation/virtual reality firsthand by visiting the Technology Pavilion in the Scientific Exhibits section, Hall A4, of the convention center.

In this issue: Key Contact/Grassroots Network survey

For nearly a decade, the College has maintained a Key Contact Network of Fellows who have close ties to members of Congress. Over the years, these key contacts have enhanced the College's access to legislators who serve in leadership positions and on important health care committees that shape policy affecting surgical patients and the surgical profession. Periodically, as important figures in Congress change, the College reaches out to the Fellowship to identify new participants to join the Key Contact Network.

Enclosed in this issue of the *Clinical Congress News* is a Key Contact/Grassroots Network questionnaire that we are asking Fellows who are known personally by legislators and Fellows who are willing to volunteer their time to contact their legislators to complete and return to the Socioeconomic Affairs Department. Completed questionnaires may be dropped off at the department's booth in the ACS Resource Center, which is located in the general registration area of the Orange County Convention Center; sent via fax to the College's Washington Office at 202/337-4271; or mailed to the Washington Office at 1640 Wisconsin Ave., NW, Washington, DC 20007.



The 1998 Surgeon's Award for Service to Safety was received this year by Norman E. McSwain, Jr., MD, FACS (second from left), who has "for 25 years relentlessly and unselfishly pursued the objective of improving the care of the injured from the moment of injury. His contributions, ranging from personal care of the injured to the education of prehospital and emergency department personnel, are a source of inspiration to his professional colleagues."

Dr. McSwain is professor of surgery, Tulane Medical School, New Orleans, LA. Presenting the award on Monday evening on behalf of the National Safety Council was David B. Hoyt, MD, FACS (right), Chair of the ACS Committee on Trauma. Drs. McSwain and Hoyt were joined by Anna M. Ledgerwood, MD, FACS (left), and J. David Richardson, MD, FACS (second from right), past-president and president, respectively, of the American Association for the Surgery of Trauma.

Dr. Carrico calls for collaborative voice in trauma

Trauma is a major public health problem, therefore trauma needs an effective lay advocacy group or groups," according to C. James Carrico, MD, FACS, who delivered yesterday's Scudder Oration on Trauma, "In Search of a Voice." Dr. Carrico is professor and chairman, department of surgery, University of Texas, Southwestern Medical Center, in Dallas. Dr. Carrico has been an active member of many ACS committees, including the Committee on Trauma and the Committee on Emerging Surgical Technology and Education (present Chair).

Dr. Carrico outlined for the audience the many ways in which lay advocacy groups have had demonstrable success in educating the public and generating political and economic support. These advocacy groups, Dr. Carrico said, are most successful when they have extensive collaborative networks. He then provided the following examples of successful programs: the Easter Seals program; the March of Dimes; the Susan B. Komen Foundation; and the American Cancer Society.

Of the American Cancer Society, Dr. Carrico said, "The programs in research and patient care conducted under the aegis of the society are wide ranging." He also highlighted the society's numerous collaborative efforts, such as the American Joint Committee on Cancer, which consists of six founding organizations, four sponsoring organizations, and seven liaison organizations.

Dr. Carrico next discussed the fact that trauma is a "major public health problem." Annually, in this country, he said, there are 70 million reported injuries, resulting in 150,000 deaths, 11 million temporary, and 1/2 million permanent disabilities. He said that the annual direct and indirect costs are estimated from \$180-\$400 billion.

Dr. Carrico then deduced that, "since trauma is a national public health problem, and since advocacy groups with major lay involvement have been shown to be effective, that there should be a group that provides a voice...for the prevention of injuries and treatment of injured patients."

Dr. Carrico addressed the status of national advocacy efforts for trauma. A

survey generated by Dr. Carrico's university and the Survey Research Center of the University of North Texas revealed that 95 percent of 400 people questioned had heard of the American Cancer Society, and one-half had made donations. Similar results were obtained regarding the American Heart Association. However, Dr. Carrico said, only 17 percent of those questioned had heard of the American Trauma Society, and only 3 percent had made donations. A surprising number of these people also did not correctly evaluate the threat of traumatic events.

Also, surveys were sent out to a sampling of 20 focused public interest groups that address trauma. Of these 20, Dr. Carrico said, only three could name the American Trauma Society as the national agency whose purpose was to serve as spokesperson for injury.

Essentially, all of these survey results indicated, according to Dr. Carrico, that "public perceptions do not match the facts regarding trauma. The voice we've tried to develop has not achieved the hoped for success."

To answer the question, "What can we do?", Dr. Carrico suggested that

surgeons need to alter the public's perception of trauma. He suggested a coordinated effort, because, "it allows us to build on our strengths, combine experience and expertise, magnify individual impact, and allow the potential for preserving the autonomy of the individual groups," Dr. Carrico said. He proposed that "participation must be voluntary and be open to a wide variety of interested groups." Dr. Carrico pointed out that 18 of the 20 advocacy groups that he and his colleagues sampled indicated a willingness to work with an "umbrella" organization.

Dr. Carrico called upon the College's Committee on Trauma to coordinate national efforts for trauma care: "I believe this group has the credibility and the ability and the energy to succeed," he said.

In conclusion, Dr. Carrico said that, at present, all of the organizations addressing the various aspects of injury "need, and apparently, would accept an even-handed, credible, coordinator of efforts....I challenge the Committee on Trauma of the American College of Surgeons to accept that role."

At booth #245

An ACS tradition

Eighty-five years ago the American College of Surgeons was established. The book *First Facts* points out that the Departments of Commerce and Labor were created that year. The same book indicates that Dr. Daniel Hale Williams, who was the first to successfully operate on a patient with a stab wound of the heart in 1893, was the one black surgeon installed as a charter member of the College in 1913.

The year 1913 was marked by a meeting of the American Surgical Association in which the papers were concerned with orthopaedic, vascular, and thyroid surgery; there was no presentation on abdominal surgery.

As Editor-in-Chief of the *Journal of the American College of Surgeons* (JACS), Seymour I. Schwartz, MD, FACS, (Rochester NY) notes the American College of Surgeons was in fact a byproduct of the publication of *Surgery, Gynecology & Obstetrics*, the original title of JACS. *Surgery, Gynecology, & Obstetrics*, in turn, arose from the desire to disseminate information. That obligation to inform and educate surgeons was, at the onset, and is today, a dominant theme of the College. The members of the



Dr. Schwartz

editorial board of JACS are committed to playing an integral role in satisfying the needs of the Fellowship and defining the future of the American College of Surgeons.

Dr. Schwartz encourages all guests to visit Booth #245 and meet the editorial staff of the *Journal of the American College of Surgeons*, the official scientific publication of the American College of Surgeons.

The following companies have supported the Clinical Congress with advertisements in the Exhibit Guide section of this issue:

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At the annual Fellows Leadership Society (FLS) luncheon on Monday, David G. Murray, MD, FACS, Chair (left) presented the 1998 Distinguished Philanthropist Award to LaSalle D. Leffall, Jr., MD, FACS. Dr. Leffall and his wife, Ruth, were honored as the 10th recipients of the award for their support of the College's Development Program. Dr. Leffall served for four years on the ACS Development Committee and for two years as Chair of the FLS.



Surgeons receive a helping hand from ACS staff member John Jaska at Postgraduate Course #22, Computers in Surgery. The course teaches basic PC techniques to the beginning user, and provides a lecture series as well as a hands-on workshop. Geared toward surgeons, course content includes remote access to clinical data, medical knowledge base searching techniques, and Internet medical resources.

Allied Meetings

Wednesday

Morning

International Society of Surgery (SIC) United States Chapter

6:45 am - 8:00 am. Breakfast
Walt Disney World Swan, Swan 1, Floor Ground Level

Mosby Inc

7:00 am - 9:00 am. Breakfast
OMNI Rosen Hotel, Salon 1, Floor Mezzanine

SAGES

7:00 am - 12:00 pm. Breakfast
OMNI Rosen Hotel, Salon 11, Floor Mezzanine

Contemporary Surgery Editorial Board

7:30 am - 9:00 am. Breakfast
Walt Disney World Dolphin, Oceanic 5, Floor Lobby Level

Association of Women Surgeons

8:00 am - 10:00 am. Breakfast
OMNI Rosen Hotel, Salon 3, Floor Mezzanine

Tripler General Surgery

11:00 am - 1:00 pm. Luncheon
The Peabody Orlando, Orlando I, Floor Convention Level

American Society of Colon and Rectal Surgeons - RF Young Researchers

11:30 am - 12:30 pm. Luncheon
OMNI Rosen Hotel, Salon 5, Floor Mezzanine

Afternoon

Central Surgical Association

12:00 pm - 3:00 pm. Luncheon
The Peabody Orlando, Bayhill I, Floor Mezzanine Level

Evening

American Society of Colon and Rectal Surgeons Reception for General Surgery Residents

5:00 pm - 6:30 pm. Reception
Orange County Convention Center, 101B, Floor 1st

American Society of Breast Surgeons

5:00 pm - 6:00 pm. Meeting
Walt Disney World Swan, Pelican, Floor Ground Level

University of Mississippi Surgical Society Department of Surgery, University of Mississippi Medical Center

5:00 pm - 6:00 pm. Meeting
OMNI Rosen Hotel, Salon 1, Floor Mezzanine

Uniformed Services University Surgical Associates Military Reception

5:30 pm - 7:00 pm. Reception
Walt Disney World Dolphin, Asia 4, Floor Lobby Level

Case Western Reserve University

6:00 pm - 7:30 pm. Reception
Walt Disney World Dolphin, Asia 2, Floor Lobby Level

Society of Graduate Surgeons of LAC/USC

6:00 pm - 8:00 pm. Reception
Walt Disney World Dolphin, Oceanic 5, Floor Lobby Level

Metropolitan Group Hospitals Residency in General Surgery

6:00 pm - 8:00 pm. Reception
OMNI Rosen Hotel, Salon 12, Floor Mezzanine

University of Washington Henry N. Harkins Surgical Society

6:00 pm - 9:30 pm. Reception
Clarion Plaza Hotel Orlando, Salon 9-10, Floor Mezzanine Level

Haitian Fellows ACS Chapter

6:30 pm. Dinner/Reception
Location to be announced. Check Alumni and Ancillary bulletin board in Hall A4 of the Convention Center.

Christian Medical and Dental Society

6:30 pm - 10:00 pm. Dinner
Walt Disney World Swan, Swan 1, Floor Ground Level

Thailand Chapter, American College of Surgeons

6:30 pm - 9:30 pm. Reception/Dinner
The Peabody Orlando, Dux Restaurant, Floor Lobby Level

North American Chinese Surgical Society

6:30 pm - 9:30 pm. Meeting/Dinner
Ming Court Restaurant, 9188 International Drive

Association of Iranian Surgeons

6:30 pm - 8:30 pm. Meeting/Dinner
Alibaba Restaurant, 1155 W. State Road 434, Longwood

Michigan State University Department of Surgery

7:00 pm - 9:00 pm. Reception
OMNI Rosen Hotel, Salon 5, Floor Mezzanine

The Society of University Urologists

7:00 pm - 10:00 pm. Dinner
OMNI Rosen Hotel, Salon 15, Floor Mezzanine

Matthew Walker Surgical Society of Meharry Medical College

7:00 pm - 9:30 pm. Dinner
Johnny Rivers' Shanks' Smokehouse Restaurant, 5370 W. Colonial Drive

Thursday

Morning

American Society of Colon and Rectal Surgeons- Cooperative Clinical Trials

7:00 am - 8:00 am. Breakfast
OMNI Rosen Hotel, Salon 15, Floor Mezzanine

Don't miss your Friday CCN

Fellows who will not be in Orlando on Friday to pick up their issue of the *Clinical Congress News* may obtain a copy by contacting the *Clinical Congress News* office today or Thursday (convention center, Hall A-4), or by writing to Stephen Regnier, Editor, ACS, Communications Dept., 633 N. Saint Clair St., Chicago, IL 60611-3211.

The Friday issue contains information on Convocation activities, an announcement of the College's President-Elect and other Officers-Elect, as well as information on new and re-elected Regents and Governors.

MDs and Sherlock Holmes have something in common

The fictional master of clinical reasoning, Sherlock Holmes, was called into the presence of yesterday's Science and Humanism Seminar participants, as the seminar panelists and audience tried to determine if Mr. Holmes would have needed, or chosen, to use an MRI, were it available in Victorian England, to solve his more vexing cases. The seminar, "Would Sherlock Holmes have needed an MRI?" was moderated by ACS Executive Consultant C. Rollins Hanlon, MD, FACS.

For over a decade, Dr. Hanlon has moderated the popular Science and Humanism Seminars, which prove to be thoughtful and entertaining forays into the cultural connections between science and art.

Panelist C. Frederick Kittle, MD, FACS, emeritus professor of cardiovascular and thoracic surgery at Rush Medical College, Chicago, IL, spoke on "Sherlock Holmes—Myth, Medicine, and Reality." Dr. Kittle is a member of the Baker Street Irregulars, which is a group of national and international aficionados of Holmes and his creator, Sir Arthur Conan Doyle.

Dr. Kittle said that over 100 years ago, Arthur Conan Doyle created in Sherlock Holmes "one of the greatest illusions ever produced." Holmes first appeared in 1887 in the British periodical *Beeton's Christmas Annual* in a short story by Doyle entitled, "A Study in Scarlet."

Of interest to yesterday's seminar

participants, Dr. Kittle said, is the fact that Doyle was a physician. He received an MD degree from the University of Edinburgh. One of Doyle's professors at the university, Dr. Kittle said, was the famous Joseph Bell, who served as the model for Holmes. It was Dr. Bell's traits of observation, diligence, attention to detail, and powers of deduction that have fascinated readers of the Holmes stories, Dr. Kittle noted.

He pointed out that when involved in a case, Sherlock Holmes would not eat or sleep, and at times was so driven to find the case's solution that he would appear "devoid of emotion"—all characteristics that Dr. Kittle said surgeons could, at times, relate to.

Finally, Dr. Kittle said that Doyle essentially introduced into literature the "medical genre" by filling his Holmes and other stories with accurately depicted topics such as genetics, head wounds, cardiology, pharmacology, and endocrinology.

Both Dr. Kittle and the seminar's second panelist, Kathryn Montgomery Hunter, PhD, agreed that Holmes would have indeed used an MRI if all other evidence was equivocal.

Dr. Hunter is a professor of English literature and directs the program on medical ethics and humanities at Chicago's Northwestern University. In her presentation on "Sherlock Holmes as a Clinical Reasoner," Dr. Hunter posited the notion that Holmes' clinical reasoning is not deduction but instead



Drs. Kittle, Hunter, and Hanlon

is abduction, or as Holmes himself calls in, "reasoning backwards." Abductive reasoning, Dr. Hunter continued, is "when the given is a body of evidence and you must reverse the process." Holmes' method of reasoning, she said, "inculcates the flexibility that is required for clinical practice."

Dr. Hunter then outlined how the method of abductive reasoning works: Sherlock Holmes (or the surgeon), as abductive reasoner, is consulted by a "sufferer." The reasoner hears the

sufferer's story, asks questions, "reads" the signs, and then locates them in a universe of possibilities.

Dr. Hunter then concluded that the construction of differential diagnosis, or the hypothesis one reaches through reasoning methods is "remarkably undervalued." She said that a patient, a bystander, a computer, or even an MRI can do the "rule-outs" in a situation, but it is only the diagnostic reasoner that can arrive at the differential diagnosis or hypothesis.

Surgery text completes expansion

As of fall 1998, the expansion and revision of *Scientific American Surgery* (SAS), the surgical textbook published by Scientific American Medicine under the aegis of the American College of Surgeons, has been completed. Begun in 1995, the revision was intended to increase the book's coverage of diagnosis, work-up, and operative management of the core conditions faced by general surgeons. Significant accomplishments during this process include the following:

1. The creation of an entire new section on evaluation of common clinical problems, emphasizing an algorithm-based, stepwise approach to clinical decision making. Problems addressed include breast disease, skin lesions, neck mass, GI bleeding, jaundice, acute abdominal pain, and intestinal obstruction.

2. The addition of 11 chapters to the "Surgical Techniques" section. These chapters address surgical procedures

on the thyroid and parathyroid, breast, esophagus, gastrointestinal tract, biliary tract, and pancreas and include "tricks and traps" from such well-known master surgeons and ACS Fellows as John Cameron, MD, Ira Kodner, MD, Jeffrey Ponsky, MD, and Orlo Clark, MD. The newest addition is an up-to-the minute review of lymphatic mapping and sentinel node biopsy for melanoma and breast cancer.

3. The revamping and expansion of the "Trauma" section, which will contain 11 new or newly revised chapters by such noted trauma authorities and ACS Fellows as F. William Blaisdell, MD, Ernest E. Moore, MD, Kenneth Mattox, MD, David Feliciano, MD, and Anna M. Ledgerwood, MD. (The final new chapter, "Injuries to the Central Nervous System," will appear in the winter 1999 update.)

4. The development of an electronic version of SAS (*SA Surgery* CD-ROM), which contains all of the information in

SAS and adds superior navigability and advanced searching functions. The CD-ROM is available for both Windows and Macintosh platforms and, like the printed version, is updated quarterly.

With the completion of the current expansion phase, the SAS editorial board has begun to plan the next phase in the book's development. New chapters on abdominal mass and subacute pain, dysphagia and dyspepsia, appendectomy, and ultrasound for the general surgeon have already been commissioned; older chapters are being revised and, where necessary, condensed or deleted; and structural changes to enhance utility are being considered. The continuously updated nature of SAS makes such changes easier to implement than they would be in a conventional text. The fall 1998 update features the following chapters: "Acute Wound Care," "Infections in the Upper Abdomen: Biliary Tract, Pancreas, Liver, and Spleen," "Immunomodulation," "Hand Infection," "Thoracos-

copy," and "Lymphatic Mapping and Sentinel Lymph Node Biopsy." (The lead author of the lymphatic mapping chapter, Douglas S. Reintgen, MD, FACS, is also the Chair of Postgraduate Course 27, "Lymphatic Mapping and the Significance of Sentinel Node Biopsy," to be given Wednesday, October 28, from 8:00 am to 5:30 pm; this chapter will be used as a component of that course.)

The winter 1999 update will feature the following chapters: "Metabolic Response to Critical Illness," "Injuries to the Central Nervous System," "Blood Cultures and Infection in the Patient with the Septic Response," and "Laparoscopic Cholecystectomy."

For additional information, visit booth #241 in the Technical Exhibit area, where both printed and electronic versions of SAS are on display, or contact Scientific American Medicine at 415 Madison Ave., New York, NY 10017-1111; tel. 800/545-0554, fax 212/980-3062.

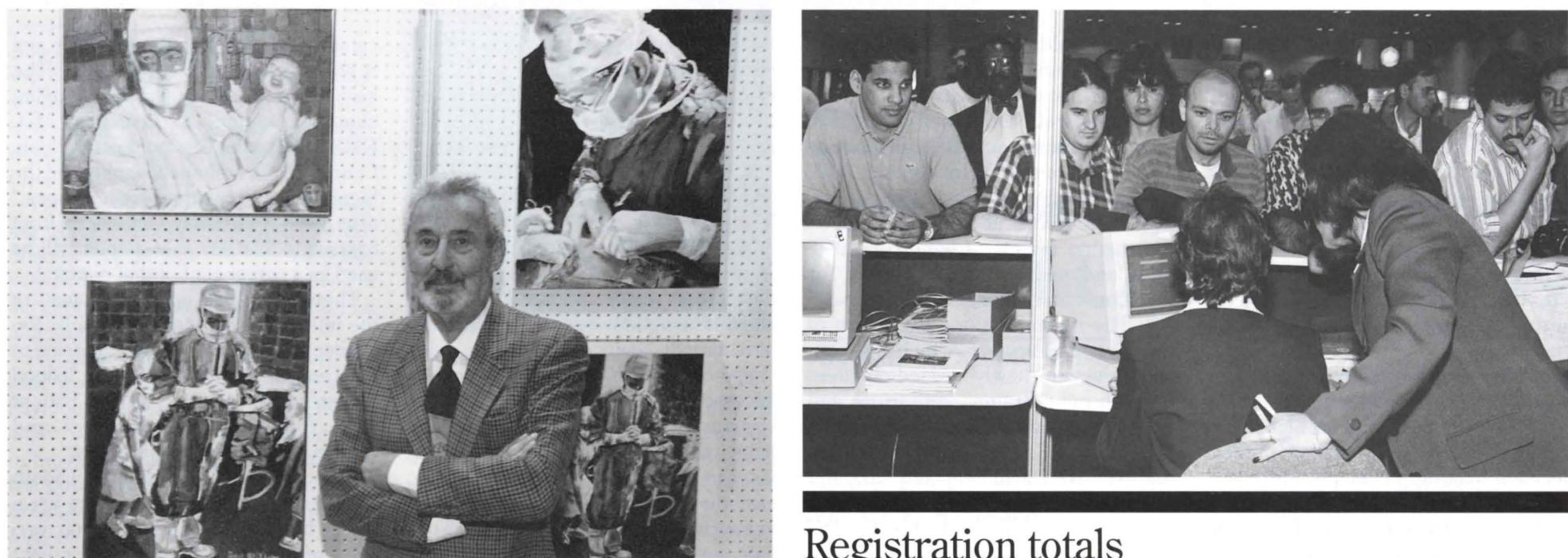


Medical students attending this year's Congress and members of the Committee on Surgical Education in Medical Schools gathered for a group picture on Sunday evening. Seated, front row, left to right: Thomas R. Gadacz, MD, FACS (committee member); Leigh Anne Neumayer, MD, FACS (committee member); William J. Harb, University of Tennessee School of Medicine, Memphis, TN; Richard W. Schwartz, MD, FACS, Chair; Richard Thompson, Columbia University, New York, NY; Edmund S. Kassis, University of Pittsburgh School of Medicine, Pittsburgh, PA; Brendon M. Stiles, University of Virginia School of Medicine, Charlottesville, VA; and Rachana Garde, Medical University of South Carolina College of Medicine, Charleston, SC.

Second row: Michael Dobryansky, New York University School of Medicine, New York, NY; Nicole White, George Washington University, Washington, DC; Susan Clark, MCP Hahnemann Allegheny University of the Health Sciences, Philadelphia, PA; Robert James Kennedy, University of Mississippi School of Medicine, Jackson, MS; John Lin, Johns Hopkins University School of Medicine, Baltimore, MD; Justin D. Moellinger, University of Alabama School of Medicine, Birmingham, AL; Andrea Cockrell, Medical College of Georgia School of Medicine, Augusta, GA; Catherine Barden, Tulane University School of Medicine, New Orleans, LA; Linda Fedus, Jefferson Medical College of Thomas Jefferson University, Philadelphia, PA; William Martin Yarbrough, University of South Carolina School of Medicine, Columbia, SC; Richard Pin, Virginia Commonwealth University School of Medicine, Richmond, VA; Linda Barry, Cornell University Medical College, New York, NY; James C. Hebert, MD, FACS, committee member, and Susan Kaiser, MD, FACS, committee member.

Third row: J. Ryan Burke, Emory University School of Medicine, Atlanta, GA; Michael D. Addis, University of Medicine and Dentistry of New Jersey-New Jersey Medical School, Newark, NJ; Jeffrey Weinke, West Virginia University School of Medicine, Morgantown, WV; Orland Llorente, Howard University College of Medicine, Washington, DC; Brett Casey, Louisiana State University School of Medicine in New Orleans, New Orleans, LA; Stefanie Schluender, Albert Einstein College of Medicine of Yeshiva University, Bronx, NY; Douglas S. Smink, University of Pennsylvania School of Medicine, Philadelphia, PA; James R. Macho, MD, FACS, committee member; Delford George Williams, MD, FACS, committee member, and Robert Dubose, University of North Carolina at Chapel Hill, Chapel Hill, NC.

Back row: Scott D. Abel, New York Medical College, Valhalla, NY; Patrick Stone, Marshall University School of Medicine, Huntington, WV; Michael G. Hughes, Jr., Bowman Gray School of Medicine of Wake Forest University, Winston-Salem, NC; Terry Kersey, East Carolina University School of Medicine, Greenville, SC; Eric Grogan, Vanderbilt University School of Medicine, Nashville, TN; Elizabeth Lore, Uniformed Services University of the Health Sciences, F. Edward Herbert School of Medicine, Bethesda, MD; Vikisha Fripp, Meharry Medical College School of Medicine, Nashville, TN; Tony Riccio, Georgetown University, Washington, DC; Jonathan Schiff, Mount Sinai School of Medicine of the City University of New York, New York, NY; and Thomas G. Lynch, MD, FACS, committee member.



A fixture of the Clinical Congress for many years, Joe Wilder, MD, FACS, surgeon/artist, has indicated this year will be the last he will exhibit. Attendees may stop by Technical Exhibit Booth 202 to view Dr. Wilder's paintings of surgeons one last time.

Registration totals

As of Tuesday afternoon, total registration for the Clinical Congress was 12,301; 7,383 were physicians and the rest were exhibitors, guests, spouses, or convention personnel.